

STATE OF IDAHO

P-CARD CARDHOLDER USER AGREEMENT

You are being entrusted with a State of Idaho Purchasing Credit Card, issued by Bank of America. The card is provided to you based on your need to purchase materials for the State of Idaho. It is not an entitlement nor reflective of title or position. The card may be revoked at any time without your permission. Your signature below indicates that you have read and will comply with the terms of this agreement.

1. I understand that I will be making financial commitments on behalf of the State of Idaho and will strive to obtain the best value for the State of Idaho.
2. I have read and agree to follow all department and State of Idaho P-Card Policies and Procedures. Failure to do so could be considered as misappropriation of funds of the State of Idaho. Failure to comply with this Agreement may result in either revocation of my use privileges or other disciplinary action, up to and including termination of employment.
3. I understand that under no circumstances will I use the State of Idaho Purchasing Card to make personal purchases, either for myself or for others. Using the card for personal charges may be considered misappropriation of funds of the State of Idaho and may result in disciplinary action, up to and including termination of employment.
4. I agree that should I violate the terms of this Agreement and use the State of Idaho Purchasing Card for personal use or gain that I will reimburse the State of Idaho within thirty (30) days for all incurred charges and any fees related to the collection of those charges.
5. The State of Idaho Purchasing Card is issued in my name. I will not allow any other person to use the card. I am considered responsible for all charges against the card.
6. The Purchasing Card is property of the State of Idaho. As such, I understand that I may be periodically required to comply with internal control procedures designed to protect the assets of the State of Idaho. This may include being asked to produce the card to validate its existence and account number.
7. If the card is lost or stolen, I will immediately notify Bank of America by telephone at 1-888-449-2273 and the department's P-Card Administrator.
8. I will receive a statement which will report all purchasing activity during the statement period. Since I am responsible for all charges (but not for payment) on the card, I will reconcile and resolve any discrepancies by either contacting the supplier or Bank of America.
9. I agree to surrender the State of Idaho Purchasing Card immediately upon termination of employment, whether it is for retirement, voluntary, or for involuntary reasons.

X _____
Employee Name (Print)

X _____
Employee Signature

X _____
Date